

## **Guidance for Acceptance of the Discharge Application: Total and Permanent Disability**

In order to ensure that your discharge application is accepted for processing, follow the guidance below to avoid the most common reasons for applications being returned. If your application is returned to you because of missing or incomplete information, this will cause a delay in determining your eligibility for discharge.

### **Your application must include your name, address, social security number (SSN), and an original signature.**

In section 1 of the application, make sure to include your name, address, SSN, and telephone number(s). Your original signature and date (or the original signature of your representative) must appear in Section 3. You may submit an original or photocopy of your application, but a photocopied application must contain your (or your representative's) original signature. As a result, your application may not be faxed or sent through e-mail. Your original signature on the original or photocopy of your application should be in blue or black ink.

### **Your loan discharge application must be certified by a doctor of medicine or osteopathy who is licensed to practice in the United States or a U.S. territory.**

Only a doctor of medicine (MD) or osteopathy (DO) who is licensed to practice in the United States or a U.S. territory can certify your application. This means that the physician certifying your application must have a practice in one of the 50 United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, or the Federated States of Micronesia and Palau. Your loan discharge application must include the physician's professional license number issued by the state or territory where he or she is licensed to practice.

Your physician must fully complete Section 4 of the application and:

- Certify that you cannot work and earn money in any capacity;
- Provide the diagnosis of your condition (without the use of acronyms or abbreviations);
- Describe the severity of your condition;
- Describe any limitations (physical or mental) that prevent you from working;
- Include an original signature and date on the application.

Chiropractors, herbalists, physician's assistants, registered nurses, licensed practical nurses (LPNs), PhDs, interns, residents, etc., are not eligible to certify total and permanent loan discharge applications. Applications certified by anyone other than a licensed MD or DO will be returned.

### **You must submit a separate application to each loan holder.**

If you are applying for discharge of more than one loan and your loans are held by more than one loan holder, you must submit a separate discharge application to each loan holder. If you need to submit an application to more than one loan holder, we recommend that you have your physician complete one application and then make copies of the completed application and any accompanying attachments for each of your loan holders.

As noted above, make sure that each copy of the application contains your (or your representative's) original signature. An original signature from your physician is **not** required on each photocopy – your physician only needs to sign the original application.

**Your loan discharge application must be submitted within 90 days of the physician's certification date.**

You must submit your application to your loan holder(s) within 90 days of the date that your physician signs your application and certifies that you are totally and permanently disabled. If you submit your application more than 90 days after the application is certified by your physician, the application will be returned to you.

**Make sure your doctor does not use medical abbreviations or insurance codes on the application.**

Medical abbreviations or insurance codes may not be used to identify or explain your condition in Section 4 of the application. Applications that include only medical abbreviations or insurance codes will be returned.

**Your doctor must provide more than a diagnosis to establish that you are totally and permanently disabled.**

It is not sufficient for your doctor to merely state your diagnosis. Your doctor must fully respond to each of the questions in Section 4.

Question 1: Your doctor must be able to answer "Yes."

Question 2: Your doctor must supply the diagnosis and describe the severity of your disabling condition

Question 3: Your doctor must explain how your medical condition is totally and permanently disabling by providing the requested limitations.

**Your doctor may submit additional information with your application that supports his or her certification that you are disabled.**

We encourage your doctor to provide as much information about your disabling condition or illness as possible. To support his or her certification that you are totally and permanently disabled, your doctor may include detailed information such as a list and description of your medications, your response to medications, surgical procedures that you have undergone or will undergo, non-surgical treatments, and a history of your physical examination results, etc.

**Make sure any alterations to the Physician Signature Date are initialed by your physician.**

If your physician makes a mistake while entering the Date of his/her signature, ensure that your physician initials the alteration. The Physician Signature Date is very important because it determines the beginning of the three-year monitoring period.

**Make sure you review Section 4 of the application before you submit it to your loan holder(s).**

Before mailing your discharge application to your loan holder(s), make sure your physician has properly completed the application based on the guidance that has been outlined above. If required information is missing or incomplete, this may delay the evaluation of your eligibility for loan discharge based on a total and permanent disability.